

SERFF Tracking Number: STAR-128467480 State: Arkansas
Filing Company: Starmount Life Insurance Company State Tracking Number:
Company Tracking Number:
TOI: H03I Individual Health - Accidental Death & Sub-TOI: H03I.000 Health - Accidental Death &
Dismemberment Dismemberment
Product Name: Accidental Death & Dismemberment
Project Name/Number: /

Filing at a Glance

Company: Starmount Life Insurance Company

Product Name: Accidental Death & Dismemberment SERFF Tr Num: STAR-128467480 State: Arkansas

TOI: H03I Individual Health - Accidental Death & Dismemberment SERFF Status: Closed-Approved- Closed State Tr Num:

Sub-TOI: H03I.000 Health - Accidental Death & Co Tr Num: State Status: Approved-Closed
Dismemberment

Filing Type: Form

Authors: Belle Lucas, Natka
Varisco, Ruston Woolley, Ronetta
Andrus

Reviewer(s): Rosalind Minor

Disposition Date: 06/21/2012

Date Submitted: 06/18/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 06/21/2012

State Status Changed: 06/21/2012

Deemer Date:

Created By: Ronetta Andrus

Submitted By: Belle Lucas

Corresponding Filing Tracking Number:

Filing Description:

Dear Sir/Madam:

We are pleased to file the above referenced website application in Arkansas. This filing is a new filing and is being filed without an illustration. This product provides coverage for losses due to accident death and dismemberment for individual coverage and family coverage.

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The original paper application filing was approved on 4/19/10, STAR-126580753 and we are now requesting approval of the website application for the previously approved accidental death and dismemberment product.

Please contact me if you have any questions at 225-400-9282 or by email bellem@starmountlife.com.

Sincerely,

Belle Lucas

Belle Lucas
Compliance Specialist

State Narrative:

Company and Contact

Filing Contact Information

Belle Lucas, Compliance Specialist
P.O. Box 98100
Baton Rouge, LA 70898

bellem@starmountlife.com
225-926-2888 [Phone]

Filing Company Information

Starmount Life Insurance Company
7800 Office Park Boulevard
Baton Rouge, LA 70809
(225) 926-2888 ext. [Phone]

CoCode: 68985
Group Code:
Group Name:
FEIN Number: 72-0977315

State of Domicile: Louisiana
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: \$50 per form= 2 forms =\$100
Per Company: No

SERFF Tracking Number: *STAR-128467480* *State:* *Arkansas*
Filing Company: *Starmount Life Insurance Company* *State Tracking Number:*
Company Tracking Number:
TOI: *H03I Individual Health - Accidental Death & Dismemberment* *Sub-TOI:* *H03I.000 Health - Accidental Death & Dismemberment*
Product Name: *Accidental Death & Dismemberment*
Project Name/Number: */*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Starmount Life Insurance Company	\$100.00	06/18/2012	60220962

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/21/2012	06/21/2012

State: *Arkansas*

State Tracking Number:

Company Tracking Number:

Sub-TOI: H03I.000 Health - Accidental Death & Dismemberment

Product Name: *Accidental Death & Dismemberment*

Project Name/Number: /

Disposition

Disposition Date: 06/21/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Accidental Death & Dismemberment	Approved-Closed	Yes
Form	Accidental Death & Dismemberment	Approved-Closed	Yes

SERFF Tracking Number: STAR-128467480 State: Arkansas

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/21/2012	02-005 AD&D APP Enrollment (Rev. 01-10) WEB	Application/ Accidental Death & Dismemberment Form	Initial			AR - AD&D.pdf
Approved-Closed 06/21/2012	02-005 AD&D APP Enrollment (Rev. 01-10) WEB FM	Application/ Accidental Death & Dismemberment Form	Initial			AR - AD&D FM.pdf



Dependable, risk-free protection

Accidental Death and Dismemberment Insurance

- Home
- Product Info
- Apply
- Register
- About Us
- Contact Us

To apply, complete the information below and click submit or [download an application](#).

Individual Accidental Death and Dismemberment Application

PLEASE COMPLETE THE FOLLOWING:

Main Insured:*

Address:*

City:*

Zip:*

Home Phone:*

Work or Cell:

E-mail Address:*

Are you employed?*

Occupation (if self employed, explain):

Sex:*

Date of Birth:*

Choose one:*

Beneficiary:
(if none listed, benefits will go to your estate)

Relationship:
(If Beneficiary is a minor, please include their date of birth)

☐ Yes

☐ No

☐ Male

☐ Female

☐ \$50,000 for \$5.50 per month

☐ \$100,000 for \$11.00 per month

☐ \$150,000 for \$16.50 per month

☐ \$250,000 for \$27.50 per month

PLEASE ANSWER ALL QUESTIONS:

Have you, or anyone to be insured, ever been convicted of a felony?*

If you have had a life threatening accident in the last 2 years, are you still affected by it?*

Do you have or are you applying for another accidental death or accidental death and dismemberment product with Starmount?*

Will this replace any accident or sickness insurance you or your spouse currently own?*

☒ Yes

☐ No

☐ Yes

☐ No

☒ N/A

☐ Yes

☐ No

☐ Yes

☒ No

COMPLETE ALL BILLING INFORMATION:

I will Pay:*

Billing Method:*

Bank Route #:

Bank Account #:

Bank Name:

Bank Location:

Credit Card Type:

Credit Card #:

Credit Card Exp. Date:

☐ Every 12 Months

☐ Every 6 Months

☒ Every 3 Months

☐ I authorize Starmount Life to deduct future premium payments from my personal checking account.

☐ Charge payments to my Credit Card.

☐ Visa

☐ MasterCard

I agree the answers will form part of the policy and they are complete and accurate. I understand no person can be protected by more than one of these or a like policy from Starmount Life, and that my accidental death protection will become effective when my approved policy is received by me and my payment is received by Starmount Life. I understand benefits are reduced by half for anyone age 75 or older. (See below for exclusions) Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

Who is Eligible-Adults age 18-74 and their spouses are eligible for coverage.

Here's what is not covered:
Accidental Death Benefits are not paid if death results directly or indirectly from: PLEASE SEE YOUR POLICY FOR EXCLUSIONS SPECIFIC TO YOUR STATE.

Possible exclusions are: Suicide; Illness or disease; Medical or surgical treatment; Inhalation of poisonous gas; Riding in or descent from any kind of aircraft except as a fare-paying passenger in a regularly scheduled commercial aircraft operated by a licensed pilot; War; committing an assault, felony, participation in a riot or being engaged in an illegal occupation; Participation in sky or skin diving, auto or motorcycle racing, or hang gliding; Participation in full-time active duty or reserve duty for more than 30 days in any Armed Forces; injuries received while intoxicated or while under the influence of a controlled substance; Homicide, except for law enforcement officers receiving injuries while on duty; Bodily injury due to the act of another provoked by the insured; Injuries received from an accident that happened before this rider was in force.

FRAUD STATEMENTS:

ARKANSAS AND LOUISIANA: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a crime and may be subject to fines and confinement in prison.

I am the applicant, and agree to the above:*

☐ Yes

Form No. 02-005 AD&D APP (Rev 01-10) WEB

How did you find us?

Please select...

- Submit Application
- Cancel

* Required information



Dependable, risk-free protection

Accidental Death and Dismemberment Insurance

- Home
- Product Info
- Apply
- Register
- About Us
- Contact Us

To apply, complete the information below and click submit or [download an application](#).

Family Accidental Death and Dismemberment Application

PLEASE COMPLETE THE FOLLOWING:

Main Insured:*	<input type="text"/>
Address:*	<input type="text"/>
City:*	<input type="text"/>
Zip:*	<input type="text"/>
Home Phone:*	<input type="text"/>
Work or Cell:	<input type="text"/>
E-mail Address:*	<input type="text"/>
Are you employed?*	<input type="radio"/> Yes <input type="radio"/> No
Occupation (if self employed, explain):	<input type="text"/>
Sex:*	<input type="radio"/> Male <input type="radio"/> Female
Date of Birth:*	<input type="text"/>
Choose one:*	<input type="radio"/> \$50,000 for \$5.50 per month <input type="radio"/> \$100,000 for \$11.00 per month <input type="radio"/> \$150,000 for \$16.50 per month <input type="radio"/> \$250,000 for \$27.50 per month
Beneficiary: (if none listed, benefits will go to your estate)	<input type="text"/>
Relationship: (If Beneficiary is a minor, please include their date of birth)	<input type="text"/>

PLEASE ANSWER ALL QUESTIONS:

Have you, or anyone to be insured, ever been convicted of a felony?*	<input checked="" type="radio"/> Yes <input type="radio"/> No
If you have had a life threatening accident in the last 2 years, are you still affected by it?*	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
Do you have or are you applying for another accidental death or accidental death and dismemberment product with Starmount?*	<input type="radio"/> Yes <input type="radio"/> No
Will this replace any accident or sickness insurance you or your spouse currently own?*	<input type="radio"/> Yes <input checked="" type="radio"/> No

COMPLETE ALL BILLING INFORMATION:

I will Pay:*	<input type="radio"/> Every 12 Months <input type="radio"/> Every 6 Months <input checked="" type="radio"/> Every 3 Months
Billing Method:*	<input type="radio"/> I authorize Starmount Life to deduct future premium payments from my personal checking account. <input type="radio"/> Charge payments to my Credit Card.
Bank Route #:	<input type="text"/>
Bank Account #:	<input type="text"/>
Bank Name:	<input type="text"/>
Bank Location:	<input type="text"/>
Credit Card Type:	<input type="radio"/> Visa <input type="radio"/> MasterCard
Credit Card #:	<input type="text"/>
Credit Card Exp. Date:	<input type="text"/>

COMPLETE IF APPLYING FOR THE FAMILYPLAN:

Name of Spouse to whom you are married (in Connecticut, or have entered into a civil union): (if to be insured)	<input type="text"/>
Spouse's Sex:	<input type="radio"/> Male <input type="radio"/> Female
Spouse's Date of Birth:	<input type="text"/>
Is spouse employed?	<input type="radio"/> Yes <input type="radio"/> No
Spouse's Occupation (if self employed, explain):	<input type="text"/>
Spouse's Beneficiary: (if none listed, benefits will go to your estate)	<input type="text"/>
Spouse Beneficiary Relationship: (If Beneficiary is a minor, please include their date of birth)	<input type="text"/>

Name(s), Age(s), Date(s) of Birth of your natural or legally (in Connecticut, prospective) adopted unmarried Children, or Stepchildren, under age 25 if to be insured:

First Child's Name:	<input type="text"/>
First Child's Age:	<input type="text"/>
First Child's Date of Birth:	<input type="text"/>
Second Child's Name:	<input type="text"/>
Second Child's Age:	<input type="text"/>
Second Child's Date of Birth:	<input type="text"/>
Third Child's Name:	<input type="text"/>
Third Child's Age:	<input type="text"/>
Third Child's Date of Birth:	<input type="text"/>
Fourth Child's Name:	<input type="text"/>
Fourth Child's Age:	<input type="text"/>
Fourth Child's Date of Birth:	<input type="text"/>

I agree the answers will form part of the policy and they are complete and accurate. I understand no person can be protected by more than one of these or a like policy from Starmount Life, and that my accidental death protection will become effective when my approved policy is received by me and my payment is received by Starmount Life. I understand benefits are reduced by half for anyone age 75 or older. (See below for exclusions) Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

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☐ Yes

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification	Approved-Closed	06/21/2012
Bypass Reason: N/A- website application only.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	06/21/2012
Bypass Reason: N/A- filing is for approval of website application		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	06/21/2012
Bypass Reason: N/A- application filing only		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	06/21/2012
Bypass Reason: N/A- website application only.		
Comments:		